

Oncology Nurse Led Clinics: An economic assessment of Breast Open Access follow up and Uro-Oncology Clinical Nurse Specialist Clinics (Moore 2016)

Inputs

Investment

Funding within NHS resource

SET UP

Breast OAFU clinic £6043

Direct: OAFU working group, CNS

Indirect: telephony, patient information, premises, IT support, secretarial support

Uro-Oncology Clinic £1106

Direct: CNSs, MDT

Indirect: telephony, patient information, premises, IT support, secretarial support

RUNNING

Breast OAFU clinic £572 (cf £891)

Direct: CNSs, MDT co-ordinator, Patient pathway co-ordinator, Breast Medical Oncologist

Indirect: telephony, patient information, premises, IT support, database

Uro-Oncology Clinic £138 (cf £891)

Direct: CNS

Indirect: telephony, patient information, premises, IT support, secretarial support

The Service

Journey through Service

Advice and information

- › Expert clinical assessment
- › End of Treatment Summary
- › Medication management
- › Patient/ carer/ professional education

e.g. Practical support

- › Holistic Needs Assessment
- › Rapid response contact
- › Care planning
- › Symptom control
- › Multi-disciplinary liaison and team approach to care delivery

Referral routes

- › From Uro-Oncology & Breast MDT & Consultants

Weekly Activity

Uro-Oncology- 5 patients weekly each patient releasing 2 consultant OPAs

Breast – 5 patients weekly each patient releasing 8 Consultant OPAs

Summary of Benefits

For service users

Holistic, comprehensive needs assessed, shared decision making, enhanced experience, empowered to self-manage and live well, fewer hospital appointments, open access when required

Increased efficiency with timely appointments for new and more complex patients, reduction in time to treat, timely and tailored follow up care

For healthcare system

Release of consultant time (x2 OPA/per patient in Urology & 8 OPA/per patient in Breast) for new patients/more complex need patients, income generated

Increased efficiency in Breast & Prostate cancer pathways (eg: 14 days saved in prostate pathway)

GPs have clear summary of treatment and when to refer back to the Breast service

Opportunities for service development

Trust to recognise value of nurse-led clinics when additional clinics required; resource an additional OAFU clinic to meet patient demand
Incorporate HCA support into CNS-led clinics to increase efficiency and release CNS capacity for clinical activity
Repeat economic assessment across all oncology CNS clinics to inform service development
Sustain CCG